schools, any knowledge short of that should be deemed insufficient. I consider it unfair and dangerous, therefore, to allow the adherents of osteopathy, or of any other school, to practice without undergoing the ordinary tests to which other practitioners have to submit. The specialist may go so far as his talents and inclination may carry him, and the public be benefited by his advancement, but the fundamental and essential knowledge which every physician ought to have, cannot safely be waived or ignored.

SAFEGUARDS SWEPT AWAY.

Science is progressive; advancement cannot be stayed, in the art of healing, least of all; and the dogmatism of disputants, whether in medicine or anything else, must soon yield to the light of truth and reason. Whatever merit osteopathy may have, will assuredly find recognition. The present contention is, that in the bill before me, the necessary requirements and safeguards with which the law surrounds the physically afflicted, are thrown down and swept away. To this I am unwilling to consent. No practitioner of this school, who possesses the qualifications required of the practitioners of other schools, needs such a law. I deem it unwise to enact it for the benefit of those who have not those qualifications. Whenever all who seek to engage in the healing art shall be equally recognized as competent, under the regulations now generally established, one medical law will be sufficient. This condition complied with, it would give me sincere pleasure to name as a member of our State Board of Medical Examiners an adherent of the very school in whose behalf this piece of legislation is proposed.

(Signed) HEBER M. WELLS, Governor.

IODID OF POTASH ERUPTIONS.

Case demonstrated by Dr. Douglas W. Montgomery (through the courtesy of Dr. L. W. Allen) of a tuberous iodid of potash eruption, presented before the Academy of Medicine, February 24, 1903:

"The eruption is not very well marked now. It has subsided a great deal, as the patient has not taken any iodid of potash for the past three weeks.

"The man gives a history of having had a sore on the penis fifteen years ago, followed by a universal scaly rash. He was then treated for a short time. Some time afterward an ulcer developed on the outer side of the right upper arm, which improved under a so-called blood medicine (patent). Sores continued to break out down the arm, and recently one of them developed on the back of the right hand. It was while this sore was present that he developed an infected wound on the back of the left hand. He flew to his favorite patent medicine, and sores then broke out on the forehead and scalp. From January 3 to January 20 he took iodid of potash under its proper name, in doses running from ten drops of a saturated solution, three times a day, up to fifty-five drops.

"The lesions were mostly of the tuberous and papillary variety. Some of the lesions strikingly resemble syphilides, and that on the back of the right hand may be luetic. As far as the tubers were concerned, the diagnosis had to be made between an iodid eruption, mycosis fungoides, and dermatitis coccidioides. Dermatitis coccidioides is a disease peculiar to California, and was first described by Dr. Emmet Rixford and Dr. Gilchrist. Its salient characteristic is the presence in the lesions of capsulated organisms resembling coccidia. No capsulated organisms were found. As for mycosis fungoides, it could be excluded clinically, because of the absence of the itchy eczematous lesions characteristic of that disease. It was therefore concluded that the trouble was the result of taking iodid of potash, and the drug was stopped, whereupon the lesions began steadily to subside. An interesting feature of the case is the close resemblance the microscopic sections of the tuber examined bear to epithelioma. Cases have been known where there was only one such growth as a consequence of taking iodid of potash. In such an event, the solidity of the tumor, its rounded edges, the ulceration and papillary growth on its top, and finally, the appearance of microscopic sections made from it might easily lead one to a diagnosis of epithelioma."

In reply to a question as to external treatment, Dr. Montgomery said:

"There is no treatment but the withdrawal of the drug. In about five weeks the iodid rash will subside, leaving nothing, but in some cases, scars, which may be cribriform. I have one man whom I saw about ten years ago, who had cribriform scars over the nose. It is an oval scar, showing in its floor a lot of indentations representing the follicles of the skin. Some men have advised cutting off the warts and scraping the ulcers out. There is no necessity for doing that as far as I have ever seen. One does not see many of these cases, but I have seen a few, and I have never had occasion to use any active measures. I did give this man acetate of potash. I do not know that the acetate of potash did any good, but you have to give something, and acetate of potash is a diuretic, and may hasten the elimination of the iodid. Ordinary measures for cleanliness are in order. Further than that there is nothing to do. Of course, if the eruption is not recognized, it may lead to serious complications. Although we cut a large piece out of the tuber over the eye, there will be no, or very little scar resulting. The reason for that is that you cut out simply the pathological tissue. Very little, if any, of the real tissue of the neighbor-

hood is removed. It is something like the small scar you get from a primary sore of syphilis, for instance. You may get a great big ulceration, and very little scar, because the ulceration has gone on at the expense of the pathological tissue."

CORRECTION OF AN IMPERFECT OPERATION.*

By GEORGE B. SOMERS, M. D.
Professor of Gynecology, Cooper Medical College.

THE case that I wish to present is interesting for several reasons. In the first place the symptoms were misleading, inasmuch as the clinical evidence pointed strongly toward a malignant growth, while subsequent operation proved that the condition was due to a previous imperfect operation. My attention was first called to the case by a district nurse, who had the case in charge under the auspices of the Associated Charities. The patient had been in a local hospital for several months, but was told that her case was inoperable. All that was expected by the patient was something to relieve her of excruciating and, more or less, constant pain. A hasty examination brought out the following points: She was apparently cachectic. The pelvic cavity was filled with an irregular mass. She gave a history of a previous hysterectomy, saying that the uterus had been removed for cancer. In spite of this history it was considered that there was a reasonable doubt as to the existence of cancer and the case was investigated more carefully. The following is the history:

Mrs. J., housewife, age 44, has had six children and two miscarriages. Menstruation began at fourteen, has always been regular and usually lasted four or five days, without pain. Has had malaria, pneumonia, scarlet fever, measles, whooping cough. Had a light attack of inflammation of the bowels fifteen years ago.

Present Illness—Two years ago, while living in Omaha, she had pneumonia. During convalescence several hemorrhages from the uterus occurred, lasting four or five days. She was examined by her attending physician, who told her that she had cancer of the uterus. She was operated on, and, according to her account, the uterus was removed, but the ovaries left. Five weeks following the operation, the patient had a severe attack of pain. This passed away in a few days, but recurred frequently at intervals of about a month. These pains increased in severity until they became unbearable. The pain was located on both sides of the lower abdomen and extended back to the rectum. For the past seven months the pain has lasted six hours every day, for three weeks at a time. She would then have about a week of comparative comfort. During these months she has been practically bed-ridden, spending about two months in a local hospital under the observation of its staff. Was told that the condition was of such a nature that nothing could be done for her.

Examination—Her physical condition was extremely poor. She was thin, weak and anemic, with a sallowness that resembled a cachexia. The heart, lungs and kidneys presented nothing abnormal. A pelvic examination showed the vagina perfectly smooth, without evidence of inflammation, ulceration, or discharge. On close questioning, she said that she had never had any foul-smelling or grumous discharge. Bimanual examination showed the pelvic cavity filled with irregular masses, which were rather boggy than fluctuating. In the median line, corresponding to the situation of the uterus, a globular, freely movable mass could be felt, but it was supposed to be pathological, because of the history of the removal of the uterus.

Diagnosis—The results of the examination were strongly against the presence of a cancer, because, if the original trouble had been malignant, if of two years' standing, and if now large enough to fill the pelvic cavity, it would certainly, by this time, show some signs of breaking down. The patient was informed that there was considerable doubt as to the malignancy of the trouble, and was advised to submit to an exploratory incision.

Operation—As soon as the abdomen was opened, the enlarged uterus presented itself, with tubes and round ligaments uninjured. The original operation then, had not been a hysterectomy. The spaces on either side of the uterus were now found to be filled with cystic masses.

On attempting to remove the mass on the left side, the cyst was ruptured, giving vent to a large amount of brown, syrupy fluid. The right side presented a similar condition. The fluid was undoubtedly menstrual. Altogether about a quart was removed. The uterus appendages and remains of the cyst walls were completely removed. The cause of the condition was clearly a previous amputation of the cervix, which had been followed by a stenosis of the uterine canal. There was absolutely no evidence of cancer present. The patient recovered well, and is now in comparative good health.

*Read before the California Academy of Medicine, March, 1903.

Proprietary Remedies.—Under the head of proprietary specialties must be included the artificial foods. The advertisements and directions state that these contain the nutritive forces in the proper proportion for assimilation in every condition of life. The fat, proteid, carbohydrate, sugar and salt are in mathematically correct percentages, ready for absorption; the chemistry of assimilation, hemogenesis and metabolism have been fully worked out! That some of these foods are honestly prepared and represented is not doubted. Infant and invalid dietetics has been a large field for the exploitation of foods of which the practitioner has often but little knowledge.—*Dr. Bayley in New York State Journal of Medicine.*